

Visiting (Non-Matriculated) Student Form – Western Washington University

Registrar's Office – Old Main 230, Bellingham WA 98225-9008 – (360) 650-3432



General Information (for detailed information see “Specific Information and Instructions” below)

This form can be used by:

- Visiting students wishing to take courses for credit or audit.
- Visiting students 60+ years of age and eligible for tuition waiver.
- WWU employees eligible for tuition reduction.
- Washington State employees.
- Members of the Washington National Guard.

Western Washington University reserves the right to deny admission to any Visiting Student applicant.

Visiting students are non-matriculated students at Western Washington University who must reapply each quarter. Enrollment in some programs as a visiting student may be on a **space available basis only**. Visiting students may register beginning the first day (or second day for state employees) of classes through the fifth day of classes. If you do not fall into one of the Visiting Student categories above, or you wish to be admitted to WWU as a new first-year, transfer, or post-baccalaureate student, or readmitted as a former WWU student, you must apply through Admissions. If you wish to apply for admission to a masters program, contact the Graduate School. Use the Summer Registration Application to apply for summer quarter registration.

Specific Information and Instructions

Completed forms must be returned to the Registrar's Office in person or via email. A copy of valid ID is also required. Forms and tuition waivers are due prior to the start of the term to allow creation of student ID and registration access. Additional information is available on the Visiting Students web page, including access to tuition waiver forms.

WWU EMPLOYEES, WASHINGTON STATE EMPLOYEES, WASHINGTON NATIONAL GUARD MEMBERS:

Chapter 28B 15 RCW permits tuition-free enrollment for purposes of career enhancement. Enrollment requires the payment of a \$30 fee. WWU staff and state employees must submit the tuition waiver form to the Registrar's Office prior to the start of the term.

WASHINGTON RESIDENTS 60 YEARS OF AGE AND OLDER:

State law allows permanent residents of the state of Washington who are 60 years of age or older to register at no cost for a maximum of two courses per quarter during the academic year for the fall, winter, and spring terms (summer excluded). You must also submit the tuition waiver form to the Registrar's Office. Other restrictions may apply.

VISITING (NON-MATRICULATED) STUDENTS:

A student who has not been matriculated into a degree or certificate program may enroll fall, winter, or spring term through the Visiting Student Registration Program. The student is allowed to register through Web4U beginning the first day of the quarter as long as their registration access has been granted. Visiting students are required to satisfy all prerequisites and course restrictions that may apply - this is approved by the course instructor as we do not accept incoming transcripts. Instructors can apply an override to a student's record once registration access is completed. Tuition is based on residency, and all applicable tuition and fees are due and payable according to the Important Dates & Deadlines Calendar on the Registrar's Office web page at registrar.wvu.edu. Location program registration requires program approval. Contact oce@wwu.edu for information.

AUDITORS:

Auditors do not earn credits and, according to University policy, may not register for courses that are participatory in nature, such as physical education activities, laboratory courses, studio courses or similar courses in which the content requires active participation on the part of the student. **Auditors do not participate in class discussions, write papers, take tests or complete class projects.** No grades are assigned, but an official WWU transcript is created. Self-supporting courses must pay full fees and other auditors pay \$10 per credit.

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Check any that apply:

Audit (must complete Auditing a Class below)

Waiver Bellingham " Location Program

Name: (Last)	(First)	(MI)	Previous Name:	Telephone:	WWU Student # (if known):
					W#
Email (please print legibly):			<input type="checkbox"/> Male	Date of Birth:	Social Security Number
			<input type="checkbox"/> Female		
Permanent Mailing Address:			City:		State: Zip:
Local Mailing Address (if different from permanent):			City:		State: Zip:
Previous application or attendance at WWU?	Are you currently a Washington state resident?		Please check one:		
<input type="checkbox"/> No	<input type="checkbox"/> No		<input type="checkbox"/> U.S. citizen <input type="checkbox"/> U.S. permanent resident <input type="checkbox"/> Not a U.S. citizen/not U.S. resident		
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes, from _____ to _____		If you checked U.S. Permanent Resident, list Resident Alien number or country and U.S. visa type, along with date granted.		
Quarter _____ Year _____	Washington Driver's License # _____		_____ Date granted _____		

Optional Information

What race/ethnicity do you consider yourself? Please check all that apply and specify if you indicate "Other."

Asian American:

- Asian Indian (4A/600)
- Cambodian (4C/604)
- Chinese (4C/605)
- Filipino (4F/608)
- Japanese (4J/611)
- Korean (4K/612)
- Laotian (4L/613)
- Thai (4T/618)
- Vietnamese (4V/619)

Pacific Islander:

- Native Guamanian (660)
- Hawaiian (4H/653)
- Samoan (4S/655)
- Other: _____
- Native American (5N/597)
- Tribe: _____
- Enrolled member? Yes No

Hispanic or Latino origin:

- Mexican/Mexican American/Chicano (3M/722)
- Cuban (3C/709)
- Puerto Rican (3P/727)
- Other: _____

Black/African American (2/870)

- Caucasian or White (1/800/999)
- Aleut (5A/941)
- Eskimo (5E/935)
- Multi-racial: _____

I certify that to the best of my knowledge, statements I have made in this application are complete and true. I hereby agree to abide by all policies which pertain to my enrollment at WWU.

Signature of applicant: _____ Date _____

Auditing a Class (Visiting Students who wish to audit a course for no credit must complete the following. Please review auditing instructions. The instructor's signature is required.)

Department	Course	CRN	Title	Instructor Signature